



PART B - FEE(S) TRANSMITTAL

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25181 7590 08/04/2003

FOLEY HOAG, LLP
PATENT GROUP, WORLD TRADE CENTER WEST
155 SEAPORT BLVD
BOSTON, MA 02110

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Teresa Barbuto	(Depositor's name)
<i>Teresa Barbuto</i>	(Signature)
September 29, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,624	01/18/2002	Peter A. Quigley	FPY-048.03	1027

TITLE OF INVENTION: COMPOSITE SPOOLED TUBE WITH SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	11/04/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLE, ELIZABETH M	1771	428-359000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kevin A. Oliver

2 Foley Hoag LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fiberspar Corporation

West Wareham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee
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A check in the amount of the fee(s) is enclosed.
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 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1448 (enclose an extra copy of this form).

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(Authorized Signature) *Kevin A. Oliver* (Date)
Kevin A. Oliver September 29, 2003

09/30/2003 AHOANDAF2 00000113 061448 10051624

01 FC:1501 1300.00 DA
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